

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION

Thursday, December 20, 2012

~ Minutes ~
Offsite Public Meeting in Antelope Valley

This offsite public meeting was organized to meet and greet consumers, community and business leaders, and local legislative representatives in the Antelope Valley. Thirty-eight public comment forms were completed and heard by the Commissioners. The public comments are listed in the minutes.

Larry Gasco, Chairman, Presiding

I. Call to Order – Larry Gasco

- The meeting was called to order by Larry Gasco
- Roll Call – Canetana Hurd
Attendance recorded as follows:
Absent excused: Greg Thompson, Hayward McNeill, Arnold Gilberg, and Phillip Chen
- Approval of Minutes – Larry Gasco
November 2012 minutes were approved with corrections.

II. Chairman's Report – Larry Gasco

- **Moment of Silence** - Moment of silence in memory of:
 - ❖ Ilean Rabens, LA County Mental Health Commissioner, served as Commissioner for 26 years and three terms as Chair passed away on December 13, 2012
 - ❖ The young victims of Sandy Hook Elementary School in Connecticut.
- **Welcome** – Chairman Gasco welcomed the Antelope Valley community on behalf of the Commission, recognized dignitaries in attendance, and thanked Commissioner Judy Cooperberg for kindly hosting the meeting at her facility.

III. Public Comments –

Lieutenant Kent Kroeger – Law enforcement statistics and response to mental health crisis events. Provided handouts (attached)

Councilman Tom Lackey – Mental health services partnership

Diane Grooms, AV Homeless Coalition Coordinator and Lancaster School District Board Member)

- 80 members of coalition
- Focus on emancipated foster youth
- Four year \$2 million dollar study
 - Significant number of young females in the study were pregnant and homeless
 - Significant number were previous foster care youth

- AV very close to Kern County line, however, can't provide services to residents of Kern County even though they are closer to services in LA County than in Kern County in Bakersfield.
 - Need to develop memorandum of understanding between LA County and Kern County to be able to exchange services to residents close to the LA County line
- Need to provide additional housing and services for emancipated foster care youth

William Legere – Announced BLACCC (Black Los Angeles County Client Coalition) cultural forum will take place February 23, 2013 at African American Museum.

Luis Montes – Director of Programs at Mental Health America spoke about AV needs

Aziza Shepherd – Team Leader for the Recovery Center at Mental Health America spoke about the recover process at the center.

Sawako Nitao – Comment thanking the client coalition for allowing her the time to visit Lancaster site today. Have a great happy holiday.

Deborah Egemo – Personal Service Coordinator and Licensed Marriage and Family Therapist in the TAY department at MHA discussed what services are lacking in the Antelope Valley.

Les Spitza, State Department of Rehabilitation AV Administrator

1. Training needed for Department of State Rehabilitation staff on working with the mentally ill
2. Deaf and hard of hearing mentally ill need local services, currently they have to travel via public transportation (five to six hours round trip) to Saint Johns in Santa Monica
3. Department of State Rehabilitation have 700 to 1000 clients and at least half of those clients have mental health issues and there is very limited mental health services for them

Catherine Bond – The Antelope Valley has many more people (over 400,000) than people realize. The people who need services from public mental health are often unaware of the services or unable to get the level of service they need. DMH needs to find more FSP slots for adults and TAY who live in the Antelope Valley.

Trish Bogna – Antelope Valley Partners for Health – Findings From Primary Data of the 2012 Community Health Needs Assessment:

1. Medicaid enrollees (22.03% in AV; 18.07% in CA – US Ctr for MediCaid/MediCare)
2. Depression (17.15 in the AV; 13.6% in LA County – DPH Key Indicators 2009)
3. Suicide (11.4% in the AV; 6.6% in LA County – DPH Indicators 2009)

4. 1 in 4 adults is in need of mental health services in AV
5. DMH and Mental Health America are the only providers of mental health services for the persistent and severally mentally ill. None of these agencies take MediCare creating a large gap for mental health seniors.
6. When the AV had a population of 50,000 we had 60 mental health beds for adults and children. With the present population over 430,000 we only have 6-12 mental health beds with none for children.
7. Individuals with a mental illness are often transported to Henry Mayo Hospital (35 miles away) or Olive View Hospital (60 miles away), creating a hardship for follow-up case management and family support.
8. Clients admitted to these hospitals for an involuntary hold are released with a prescription for 30 days-worth of medication and can wait up to an additional 60 days til they get an appointment with Antelope valley DMH, increasing the likelihood of that individual being readmitted to the hospital on another 5150 call, creating a revolving door with door with an increase in cost to the County and further hardship on the individual.
9. AV-DMH does not allow AV Hospital to setup initial appointments for patients that are admitted on a 5150. In the other SPAs in LA County, DMH works with local hospitals to setup appointments and streamline the process.
10. When mental health clients and/or their case managers in other SPAs feel the need to be admitted to the hospital, they can call their doctor and get admitted. That option does not exist in the AV.
11. Lancaster DMH has only two intake days per week. Palmdale has only one intake day per week.
12. The AV has a large military population without enough mental health services to provide the care they need.
13. Family members of prisoners in Lancaster relocate to the area needing mental health services without the funding following them up here from Los Angeles.
14. Unemployment rates contribute to the high depression and suicide rate in the AV.
15. The unemployment rate is 17% with neighborhoods on the east side of the valley with unemployment rates upwards of 40%.
16. There is a high foreclosure rate finding families homeless for the first time.

17. The AV has a higher percentage of entitlement recipients, many locating up here due to the lower cost of living without the funding they had in other areas of LA County following them up here.
18. There is an inequity in funding in comparison with the other SPAs.
19. The Av has the highest percentage of Foster Care Children in LA County with no infrastructure or after system care programs in place to address their mental health needs.

Chanh To – Spoke about Newton Connecticut to prevent that incident happen again we need stronger gun controls.

Rosa Fuller, AV College faculty member

- Has insurance but services are not adequately available, especially emergency services
- Tremendous need for Urgent Care
- Housing for mentally ill needed, not sober living
- Substance abuse services and housing needed
- Work support is needed for mentally ill

James C. Ledford, Mayor of Palmdale – Spoke on the issues and needs impacting AV:

- 50 percent of LA County land wise
- Need additional resources to meet the needs of the community
- Has double digit unemployment
- Urgent care facility needed
- Emergency mental health needs are needed

Nami Roberts, Asian Coalition, Kedren Mental Health - What is being done about the Newton, CT tragedy – are they going to have stronger gun controls. More screening needed for mental health in high schools and college? High rates of suicide is prevalent in the API (Asian Pacific Islander) youth community due to pressure from parents regarding grades. Will there be more funding for outreach to stop suicide or advocate for API youth?

Lindy Young – I want to say we need more resources in the Valley and more people in community to become more educated on mental health. Please take into consideration these issues.

Michelle Paez, Antelope Valley Hospital – As a social worker at the AV Hospital I have experienced a huge gap in services for physically disabled adults under the age of 60 who have a mental health need. These are homebound individuals who are in need of psychiatric and counseling services but are physically unable to transport themselves or physically withstand waiting for the 1st come 1st served county walk-in clinic. Programs such as GENESIS and Heritage Clinic have greatly assisted the older adult population but would also benefit those under 60 with similar physical limitations

Nami Roberts, Asian Coalition Chair - \$200 EBT cards for SSI recipients in CA who have mental health issues.

Naomi Novak – I have worked in mental health programs in the AV for the past 10 years. There are three main unmet needs for children's mental health in the AV.

- 1) Hospital beds for children in the community. When a child is in need of hospitalization they often have to travel in an ambulance for hours and are separated from their family who often do not have resource to travel to see them.
- 2) Mental health urgent care to reduce this need for hospitalizations
- 3) Mental health services for children who do not have medical insurance and do not qualify for Medi-cal.

Jean Marie Harris – The National Alliance of Mental Illness Antelope Valley Affiliate serves our community by providing support, education and advocacy to those living with mental illness and their families. Support groups and education classes are provided by NAMI for both consumers and family members or friends at no cost. Since we have recently changed the location our meetings as listed don the handout provided we suggest that individuals call the number on the handout which is (661) 341 8041 to get current information. We are one of 13 affiliates of NAMI serving Los Angeles County and they are all listed on the NAMI handout. Affiliates across the country can be found at NAMI.org. We have a lot of work that needs to be done in Antelope Valley which includes

- Crisis intervention training of first responders
- Inpatient treatment facilitators expanded
- Housing opportunities increased
- Stigma reduction and education on mental health for the entire community expanded
- More mental health professionals available to both public and privately funded individual health services. Attracting competent professional to the AV to provide services

Irit Gat, PhD – I want to comment about a lack of communication regarding available resources. Many in our community who deliver services are not aware of the services do have (albeit limited) – but it would be nice to gather these services into 1 book or brochure. –AND- I want to comment about the fact I am in private practice and consistently have to turn people away because I cannot handle the volume of calls and needs.

Maria Elena Juarez – I want to thank you for the providing transportation to this facility.

Moy Bernard – Member of mental health America and here to support the organization. . . Medi-Cal, Medicare, Medical facilities.

Dr. Dennis O'Brien – Request from the Commission that we hold a forum looking at future developments of the mental health system, especially looking at screening and security issues.

Margaret Topartzer – 1) There needs to be a booklet titled "Newly Diagnosed with mental illness – now what? A complete guide to where you can find help and what are the first steps you should take." 2) There needs to be "group apartments" for the highly functional with someone to oversee, appointments, med compliance and meals. Highly functional thrive on feeling normal. They don't want to feel like they have to watch TV all day in a group home. They need desperately to be able to work but don't get along with other very well – can jobs be tailored to their needs so they can be productive and feel good about themselves. They can thrive if given a chance.

Sharonda Capers – It would be very beneficial if there were groups in English in San Pedro Mental Health.

Wendy Cabil, Chair AV Community Consumer Coalition – AV Wellness and Enrichment Center lost its van. How can the center get the van back in order to help consumers with much needed transportation in SA 1.

Wendy Cabil, Chair AV Community Consumer Coalition – Please describe the purpose and process of obtaining housing assistance at MHA. Questions: 1) Does one have to be an MHA client? 2) What may be the reason(s) mental health consumers may be denied services at MHA, including housing assistance? 3) What alternative solutions presently exist?

Wendy Cabil, Chair AV Community Consumer Coalition – I understand DMH (LA County) lost access to beds at the Lancaster shelter. I don't know why; but what's being done to assist mental health consumers with their housing needs in the Antelope Valley. Why can't DMH operate its own shelter on SA1?

Mark Karmatz – Cassettes are available from the Alternatives Conference workshops. Black Los Angeles County Client Coalition conference takes place Saturday, February 23.

Maria Tan – Gave update on SAAC 5 and APICLC

Aubrie Jamil D. Summers – I will tell my experience and what I have seen and how I've been treated.

Ralph Vasquez, Chairman Mental Health America-LA – Welcome Commission to AV and discussed community needs.

Shandee Horwood – How this program has helped me in my recovery and what a wonderful program this is.

Jessica Bones – My family has been in this valley since the early 1900's. It used to be rural and mainly an agricultural site. With the housing boom came a rapid influx of population. It seems the services did not grow as quickly as this wave of people. This has made turbulent circumstances for those seeking

assistance because of the inexpensive housing a special population of people living in poverty developed. The need in this valley is great. The situation seems desperate. I have hope and faith that having seen this that the members of the board will bring as much support to our community as it feasible.

Manual Herrera – I recently suffered a breakdown and found myself homeless and helpless. I can't really do much about what happened but I found myself in a position to do something about it. I found the DRC (Discovery Resource Center). I benefited from peer support and advocacy. I was referred to Lancaster MHA (Mental Health America). I have just been accepted into an FSP (Full Service Partnership). I have been given hope and reassurance. Yes I was lost but I am grateful for having found these resources. It's going to take time but the fact is that I am with a part of something. I have hope that I can be successfully treated and am glad to be in the process.

Undrea Oliphant – We need more low-income housing.

Leonard Garcia – Fraud, breaking the HIPPA law. Foul play of other family members that work here, slander

IV. Meeting adjourned/NEXT MEETING –

Thursday, January 24, 2013, 11 am – 1:30 pm
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 739
Los Angeles, CA 90012

Please contact the Commission office at (213) 738 4772 if you need more information

Minutes prepared by Canetana Hurd

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Mental Health Crisis

Lieutenant Kent Kroeger

PRESENTATION OBJECTIVES

- Increase awareness within the criminal justice community of the severity of the mental health crisis.
- Develop partnerships with community mental health service providers and mental health advocacy groups.
- Improve the law enforcement response to mental health crisis events.
- Encourage community leaders to address the critical shortage of mental health services.

OVERVIEW

- Discuss Scope of Mental Health Crisis
- Provide a Statistical Analysis of Law Enforcement Response to Mental Health Related Incidents
- Examine Current Practices
- Mental Health Forecast
- Objectives of Successful Program
- Conclusion / Recommendations

SCOPE OF PROBLEM

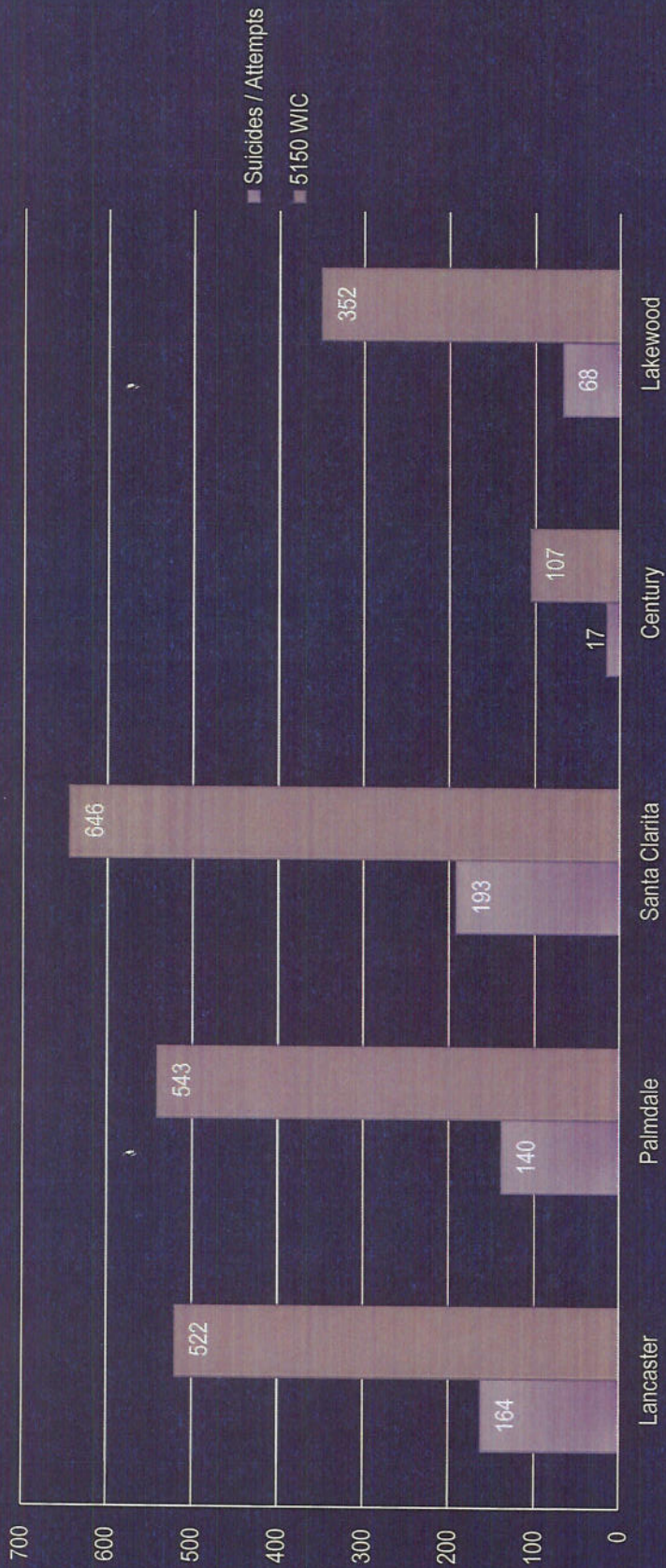
- The current prevalence estimate by the U.S. Surgeon General indicates during a 1-year period, 22 to 23 percent of the U.S. adult population—or 44 million people have diagnosable mental disorders, according to reliable, established criteria.
- Local estimates of mental illness are difficult to determine due to privacy issues. Applying the U.S. Surgeon General estimates to local population (157,000), it can be estimated that nearly 34,000 individuals suffer from some type of diagnosable mental disorder.
- According to the National Coalition for the Homeless, approximately 20 - 25% of the single adult homeless population suffers from some form of severe and persistent mental illness.
- The Greater Los Angeles Homeless Count conducted in 2011 estimated the number of homeless in the Antelope Valley to exceed 1,400 individuals. This census revealed that approximately 20% of these individuals are suffering from mental illness.

SCOPE OF PROBLEM (CONT.)

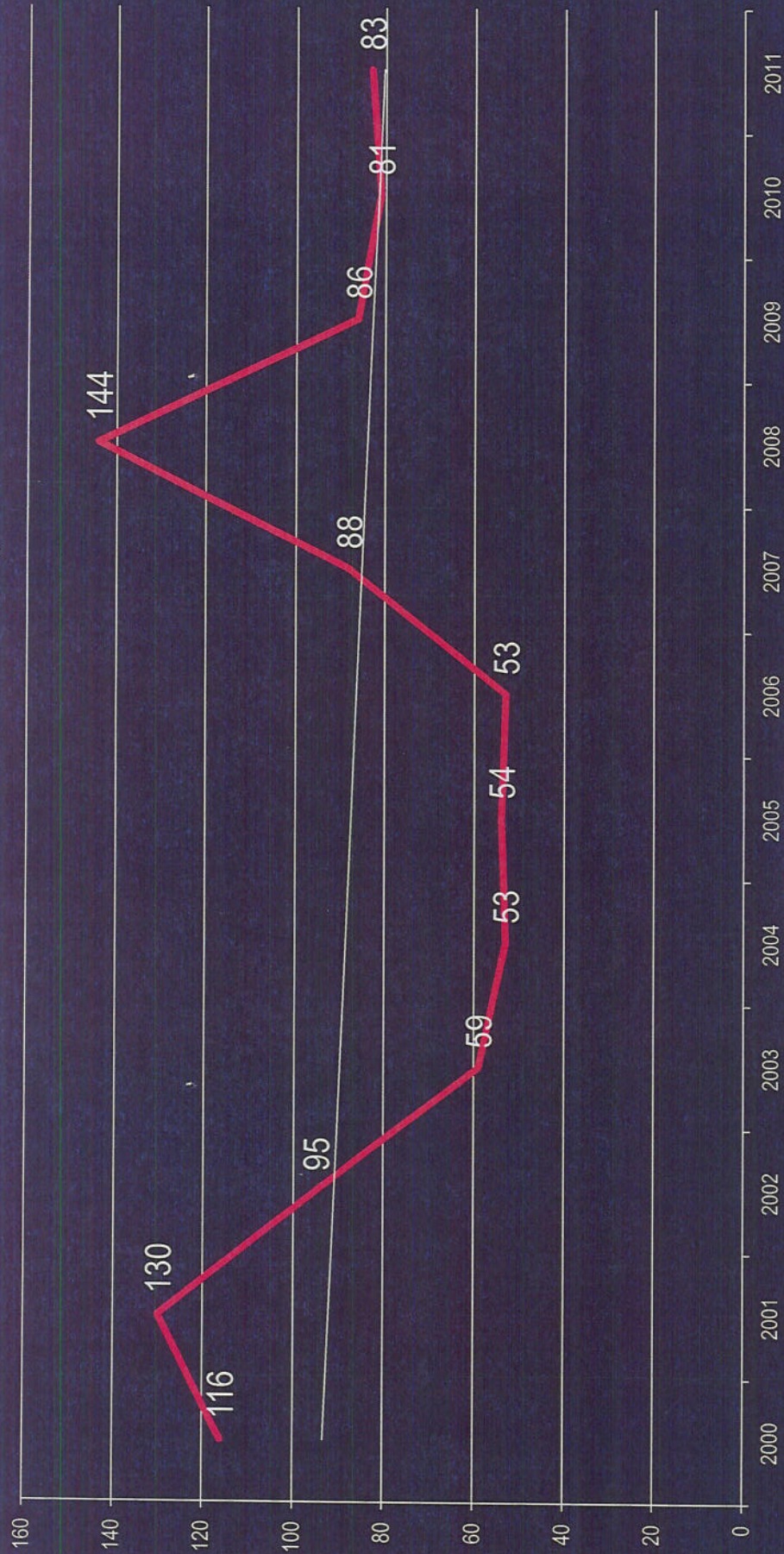
- According to the Department of Veterans Affairs in June 2010, there were **171,423** deployed Iraq and Afghanistan war veterans diagnosed with PTSD (Estimates are steadily increasing and have reached as high as 800,000).
- In one year, there were over 11,000 veteran visits to Lancaster Community-Based Outpatient Clinics. An estimated 30% of those were related to mental health.
- The Centers for Disease Control and Prevention indicates intentional self-harm (suicide) is the 10th leading cause of death in the United States. (Homicide is 15th).
- In 2010 and 2011, Lancaster Station documented over 160 suicides and attempt suicides. During that same time period, 15 homicides were documented.

STATISTICS

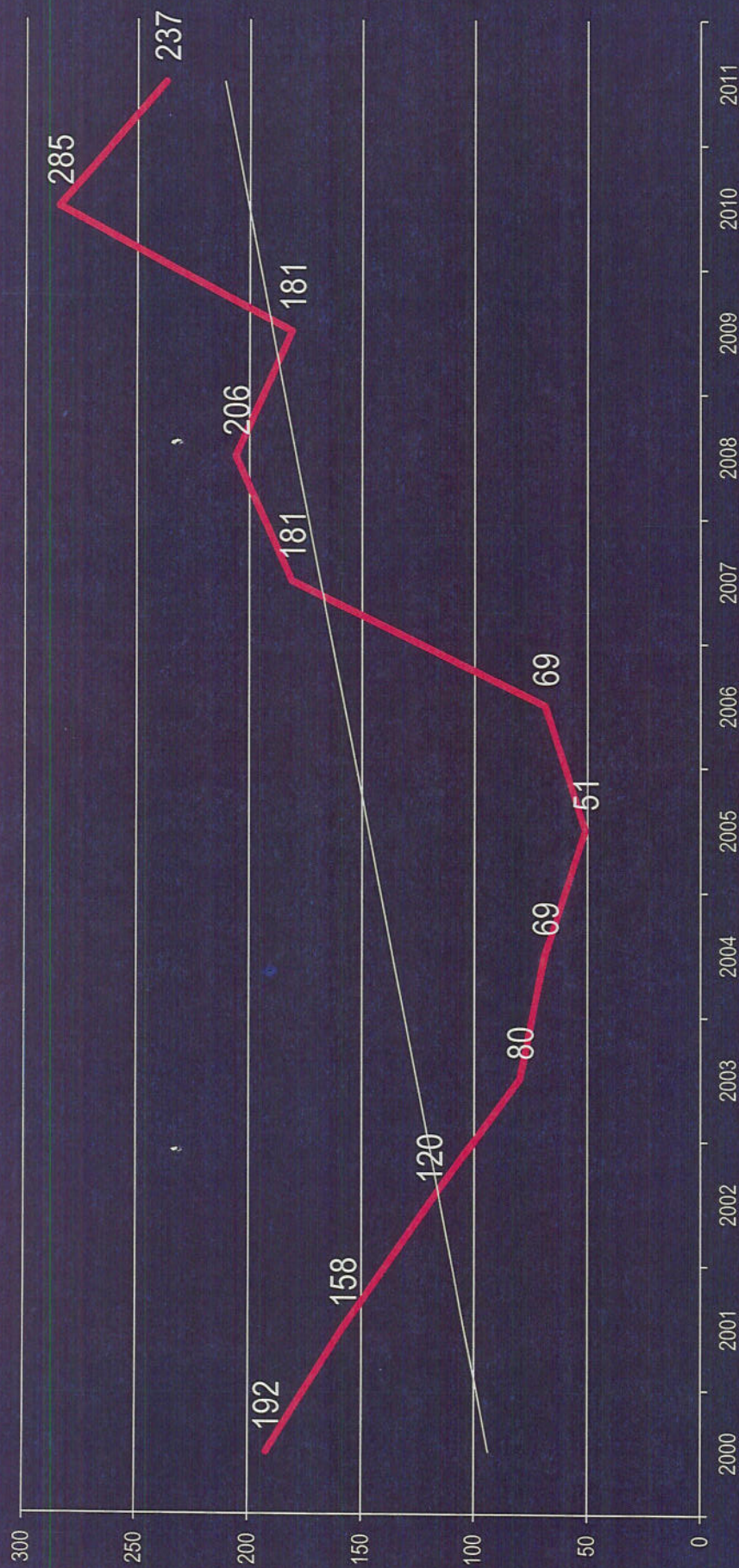
Documented Suicides/Attempt Suicides and Alleged Mentally III January 2010 – December 2011



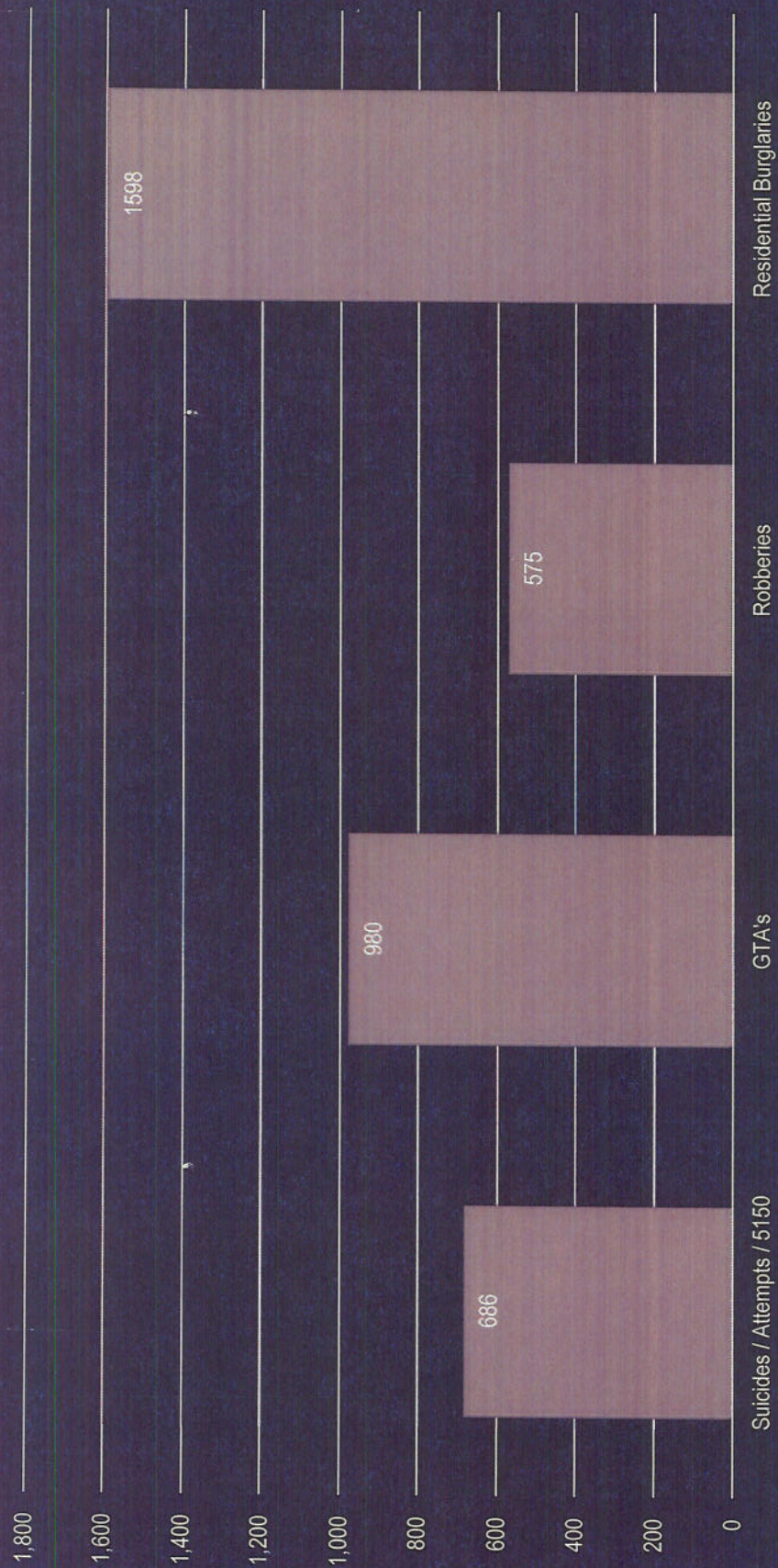
Lancaster Station Suicides and Attempt Suicides by Year



Lancaster Station Alleged Mentally III Reports by Year



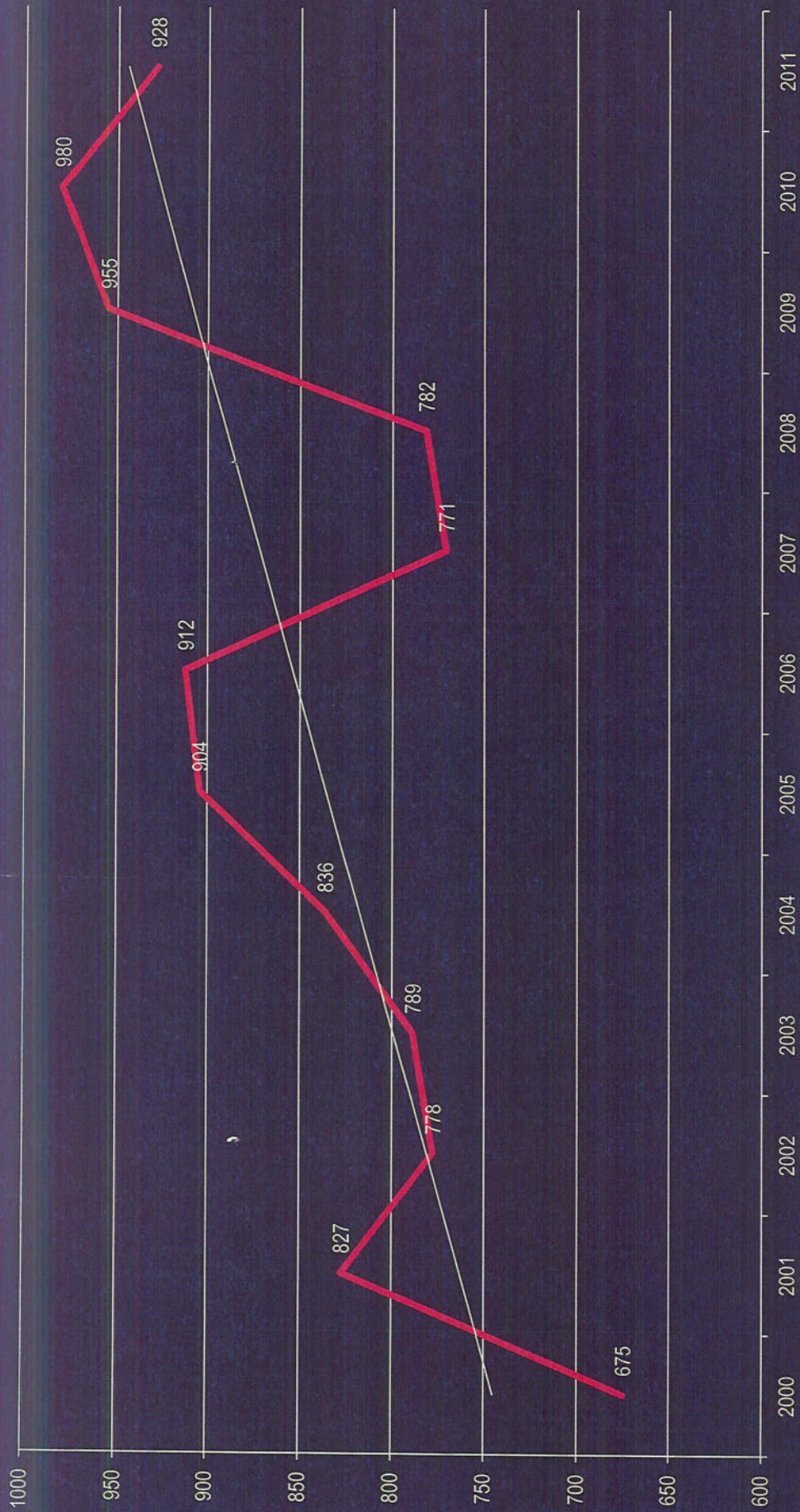
Comparison of Documented Mental Illness to other Crimes January 2010 – December 2011



Mental Health Related Calls For Service January 2010 - December 2011



Lancaster Station Mental Health Related Calls For Service by Year



CURRENT PRACTICES

- Law enforcement personnel are routinely the first line of response for situations involving mentally ill individuals in crisis.
- Current response to these situations is handled by patrol personnel.
- Current options for resolving crisis;
 1. Detain Patient and transport to local facility for 72 hour mental observation (5150 WIC). Patient must exhibit a danger to themselves, danger to others, or gravely disabled. **No Requirement to Hold For 72 Hrs**
 2. Arrest Patient if crime occurred.
 3. Request response from Department Mental Evaluation Team (MET).
 4. If no crime occurred or behavior fails to rise to a level to substantiate a 5150 hold, no action is taken.

MENTAL HEALTH FORECAST

- Prison Realignment: Assembly Bill (AB) 109 and AB 117, is the cornerstone of California's solution for reducing the number of inmates in the state's 33 prisons to 137.5 percent of design capacity by June 27, 2013, as ordered by the Three-Judge Court and affirmed by the U.S. Supreme Court. This is a reduction of nearly 40,000 of its 143,435 inmates. How many of these are mentally ill and what impact will this have on the already scarce mental health resources within the community?
- Returning Troops: VA data show that from 2002 to 2009, 1 million troops left active duty in Iraq or Afghanistan and became eligible for VA care. Of those troops, 46% came in for VA services. Of those Veterans who used VA care, 48% were diagnosed with a mental health problem. President Obama ordered the U.S. military to withdraw 10,000 troops from Afghanistan by the end of the 2011 and pull out another 23,000 by the summer of 2012. Again, How many of these are mentally ill and what impact will this have on the already scarce mental health resources within the community?
- Economy: Persons who are depressed often cite economic difficulties as the cause of their ill-health. Depressive and anxiety disorders are disabling and can prevent sufferers from carrying out their tasks at home and in employment. Depressive and anxiety disorders have adverse economic implications for the individual, their families and society. Thus, it is likely that poverty and poor mental health interact with one another, setting up in vulnerable individuals, a vicious cycle of poverty and mental illness.

OBJECTIVES OF SUCCESSFUL MENTAL HEALTH RESPONSE

- Meet the needs of people with mental illness or individuals in crisis.
- Provide the family members of those suffering from mental illness or experiencing a crisis with the necessary resources.
- Reduce the incarceration rate of people with mental illness.
- Reduce the number of law enforcement responses to mental health related calls.
- Reduce the number of suicides and attempt suicides.
- Reduce the frequency of force incidents involving mentally ill persons.
- Maintain community safety.

CONCLUSION

- Lancaster Station personnel respond to an average of 2.6 mental health related calls per day resulting in numerous daily contacts with individuals suffering from some type of mental disorder or crisis.
- Between 2000 and 2011, Lancaster Station has documented an average of 94.7 suicides or attempt suicides per year.
- Calls for service relating to mental health issues as well as documented incidents of alleged mentally ill are steadily increasing.
- Lancaster Station is working to improve training to aid personnel in identifying and intervening in cases involving mental illness.
- Lancaster Station is striving to increase collaboration between law enforcement, advocacy groups, and the mental health community.
- Mental health services within the community need to be increased to serve the population.

RECOMMENDATIONS

- Law enforcement should immediately engage members of the mental health community as well as local advocacy groups to improve the law enforcement response to mental health crisis events.
- Community leaders should immediately strive to increase the mental health services currently operating within the community.
- Law enforcement should continue to monitor the mental health crisis within the community and continue their efforts to improve service to those suffering from mental illness.